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Debts and Career Plans of Osteopathic Medical Students in 1991

American Association of Colleges of Osteopathic Medicine

6110 Executive Boulevard, Suite 405
Rockville, Maryland 20852

March 1992

Allen M. Singer, Ph.D.

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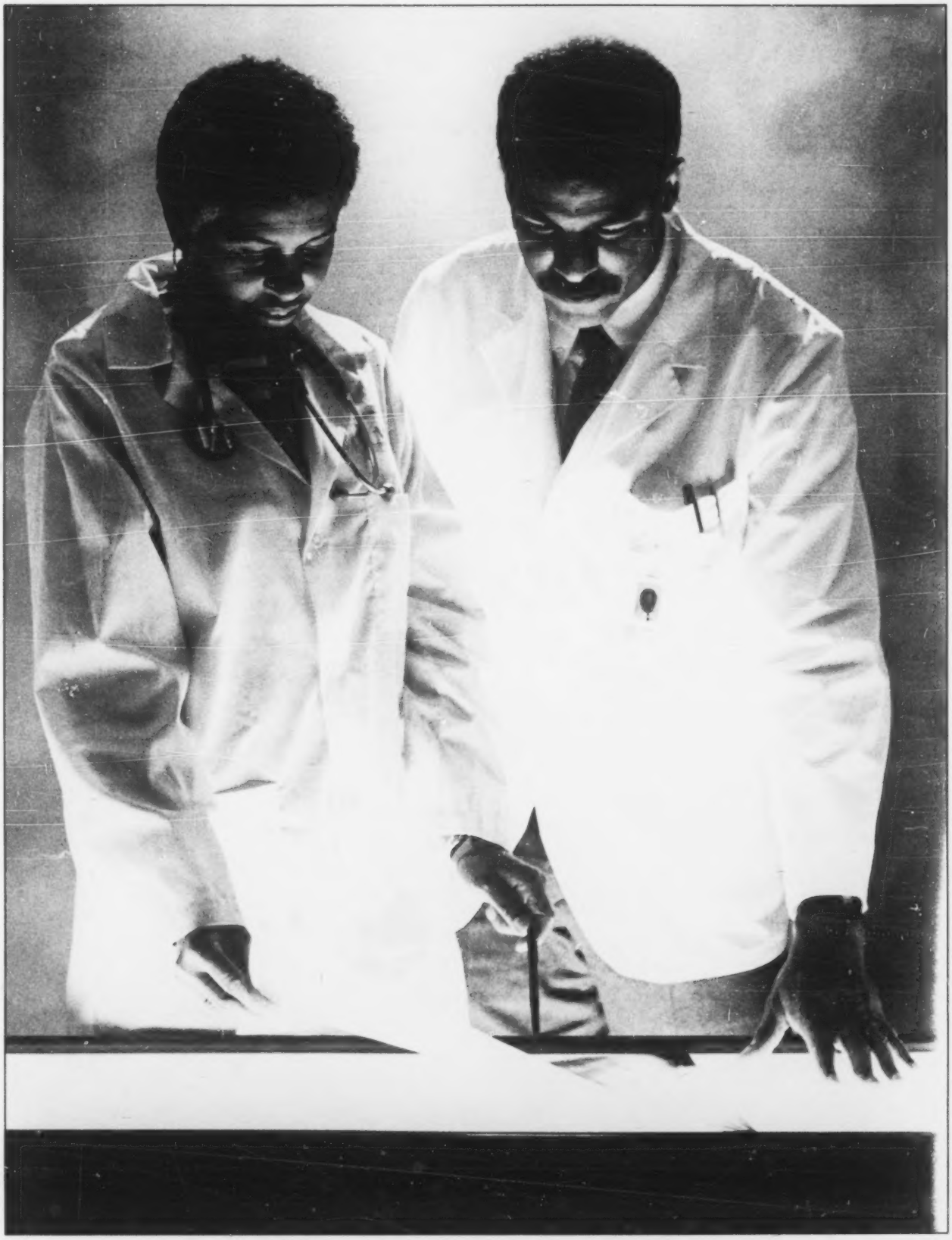

Photo courtesy of University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine

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Executive Summary

AACOM's survey of the debts and career plans of freshmen and senior osteopathic medical students in 1990-91 shows that while the debt burden of these students continues to grow, the increase this year was not as steep as in previous years. The average indebtedness of seniors grew by 4.6 percent from the previous year, compared to increases of 29 percent in 1983-84 and 24 percent in 1984-85.

Ninety-five percent of seniors graduating in 1991 from one of the 15 osteopathic medical schools in the United States reported they had borrowed money to finance their education. A typical senior responding to AACOM's survey was a 30-year-old male with two dependents and an educational debt of $74,800.

On the other end of the spectrum, the typical freshman was a 26-year-old male with one or two dependents who expected to borrow $72,400 before graduating. These data indicate, however, that the freshmen may be underestimating the amount they will have to borrow since seniors are graduating with debt levels higher than freshmen's expectations.

About half the freshmen and seniors came from families where the father did not graduate from college and the combined family income for 1991 was between $40,000 and $50,000. Thirty-five percent of the students came from families with parental incomes of less than $30,000.

Of course, students from more affluent families owe less money at graduation. Seniors whose parents earned more than $100,000, for example, owed an average $53,800 compared to $77,300 owed by those whose parents earned between $20,000 and $30,000. Each additional $10,000 of parental income reduced the debt of seniors by an estimated $1,900.

Clearly, the students' socio-economic background helps determine the amount they must borrow to finance their osteopathic medical education. In addition to parental support, scholarship funds tend to reduce greatly the debt burden, whereas the number of dependents is an important factor tending to increase the student's borrowing level. Each dependent added an estimated $7,400 to a senior's debt burden in 1991. For every $1,000 of scholarships received by seniors, their debt at graduation decreased by an estimated $730.

Gender and ethnicity also seem to affect indebtedness. About one-third of the students were women and 8 percent were underrepresented minorities. Women seniors had lower debt levels than men ($71,600 vs $76,100). Underrepresented minorities (Blacks, Hispanics and Native Americans) had the highest debt levels of all ethnic groups ($78,200 for seniors), and Asian-American seniors had the lowest ($61,500). White seniors owed an average $75,600 at graduation.

Married students, who made up 42 percent of seniors, owed about 8 percent more than unmarried seniors. Age also appears to be a factor. For seniors, debt rose steadily up to age 35-39, where it peaked at $88,300, then dropped to $74,000 for seniors over 40.

Much of the borrowing is done under two federally-insured loan programs — Stafford Loans and Health Education Assistance Loans (HEAL). About 90 percent of seniors borrowed under the Stafford program, while about 66 percent utilized the HEAL program. Recent federal programs — Supplemental Loans for Students (SLS) and PLUS loans for parents — also attracted large numbers of borrowers. Almost 70 percent of seniors borrowed under these programs in 1991.

The number of osteopathic medical students reporting that they plan to practice primary care medicine (defined as the specialties of family practice, general internal medicine, and pediatrics) has leveled off, in the past three years, at just above 40 percent. Those who plan to specialize in other fields expect to earn substantially more in their careers than those planning a career in primary care, indicating that income differentials

may play an important role in specialty choice decisions. Indebtedness was not reported as a significant factor.

Choice of a career in primary care (PC) seems to be influenced also to some degree by gender (women chose PC more often than men); marital status (married seniors chose PC more often than unmarried ones); ethnicity (underrepresented minorities chose PC more often than other ethnic groups); dependency status (those who were financially independent chose PC more often); and number of dependents (those with more dependents chose PC more often).

For osteopathic medical students, there appears to be a connection between specialty choice, practice location, and size of home town. About 40 percent of the students come from small communities of 50,000 people or less, and many (40 percent) of these from small towns plan to establish practices in similar locations — often as primary care physicians. So home town size, along with other socio-economic factors mentioned above, appears to be another fairly reliable predictor of specialty choice and geographic location.

The data in this report are derived from AACOM's 10th Annual Survey of freshmen and seniors in the 15 U.S. osteopathic medical schools, conducted with the assistance of school administrators and faculty. This survey is for the academic year 1990-91 and focuses mainly on the financial and debt situation of the students, but also collects important information on their background and career plans. The response rate for seniors was 63 percent. For freshmen, a 25 percent sample was sought, and 22.5 percent responded. More details about the survey are provided in Section III.

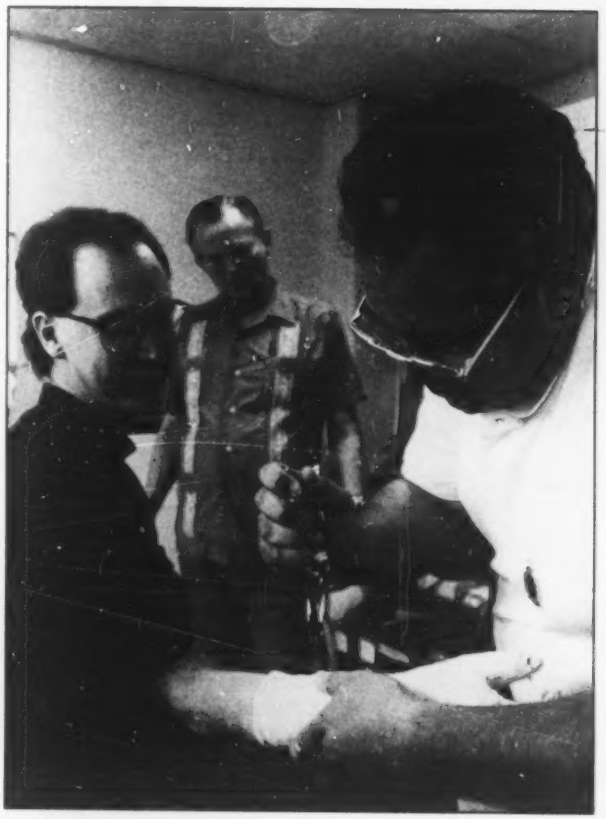


Photo courtesy of West Virginia School of Osteopathic Medicine

I. Indebtedness and Socio-Economic Background

Trends in Student Indebtedness

There's good news and bad news concerning the debt levels of osteopathic medical students for the academic year 1990-91. The good news is that the average debt of seniors appears to be rising at a slower rate than in the early 1980s; the bad news is that even though debt accumulation seems to be leveling off, freshmen still underestimate the amount of debt they will face when they graduate.

For seniors in the academic year 1990-91, the average debt at graduation was $74,800, up 4.6 percent from the previous year. This increase is considerably lower than the 29 percent and 24 percent that occurred in 1983-84 and 1984-85 respectively (Table 1).

Freshmen entering in 1990 report that they owed $4,200 at matriculation ($8,600 if those with no undergraduate debt are excluded from the average), and expect to owe an average $72,400 when they graduate in 1994. Their estimated average is somewhat below the average for current graduates, and based on the trends over the past eight years, it probably is an underestimate of the amount they actually will owe at graduation. If debts of osteopathic medical students accumulate at a rate of 3 percent per year (which is close to recent experience) for the next three years, these freshmen will owe an average $82,000 when they graduate.

Earlier in the decade, freshmen predicted more accurately the amount of debt they would have as seniors. For example, freshmen entering in 1982 expected to accumulate debts averaging $57,000 during their osteopathic medical school training. They actually owed an average of $55,400 as seniors graduating in 1986 — so their estimate was close to the mark.

Table 1
Indebtedness of Osteopathic Medical Students, 1983-1991

Academic Year	Seniors			Freshmen		
	Average Debt	Increase from Previous Year	Percent with Debt	Average Debt Expected at Graduation	Increase from Previous Year	Percent with Debt
1982-83	$31,000	---	92%	$57,000	---	88%
1983-84	40,000	29.0%	92%	58,000	1.8%	90%
1984-85	49,600	24.0%	N.A.	60,300	4.0%	N.A.
1985-86	55,400	11.7%	93%	58,300	-3.3%	90%
1986-87	60,000	8.3%	92%	59,400	1.9%	90%
1987-88	64,700	7.8%	N.A.	63,300	6.6%	N.A.
1988-89	69,700	7.7%	93%	68,900	8.8%	89%
1989-90	71,500	2.6%	95%	68,800	0.0%	93%
1990-91	74,800	4.6%	95%	72,400	5.2%	91%

Source: AACOM, "Debts and Career Plans of Osteopathic Medical Students," Rockville, MD., annually, 1983-91.

A very high percentage of seniors continue to compile some debt to finance their osteopathic medical education. In 1991, as in the preceding year, only about 5 percent of seniors reported no educational debts at graduation. Similarly, more than 90 percent of freshmen in 1990-91 expect to incur some debt by the time they graduate.

Excluding seniors without debt, the average amount owed by those with some debt was $79,000 in 1991, up 5.5 percent from last year's average of $74,900. Thirty percent of seniors reported debts of more than $100,000, and several exceeded $150,000.

As in past reports, the indebtedness data cited in this report include loans from programs such as Stafford Loans (formerly called Guaranteed Student Loans, GSL), Health Education Assistance Loans (HEAL), Perkins Loans (formerly called National Direct Student Loans, NDSL), and Supplemental Loans to Students (SLS/PLUS), as well as money borrowed by the students' families that must be repaid by the student. Also included in this definition is the outstanding debt incurred by students to finance their undergraduate college education.

Photo courtesy of Ohio University College of Osteopathic Medicine

How Socio-Economic Factors Affect Student Debt

Certain background characteristics of students have a large impact on their debt levels. For example, the resources available from parents and scholarships greatly affect the amount the student will borrow. Students who are financially independent of their parents owe substantially larger amounts than those who remain dependent. Independent seniors in 1991, for example, owed 75 percent more at graduation ($80,400 vs. $46,000 — see Figure 1A). Almost 84 percent of the seniors were financially independent in 1991.

Seniors' debt differs by gender ($71,600 vs $76,100), but the statistical difference is only marginally significant. However marital status, age, ethnicity, parental income, dependents and scholarships all have significant impacts.

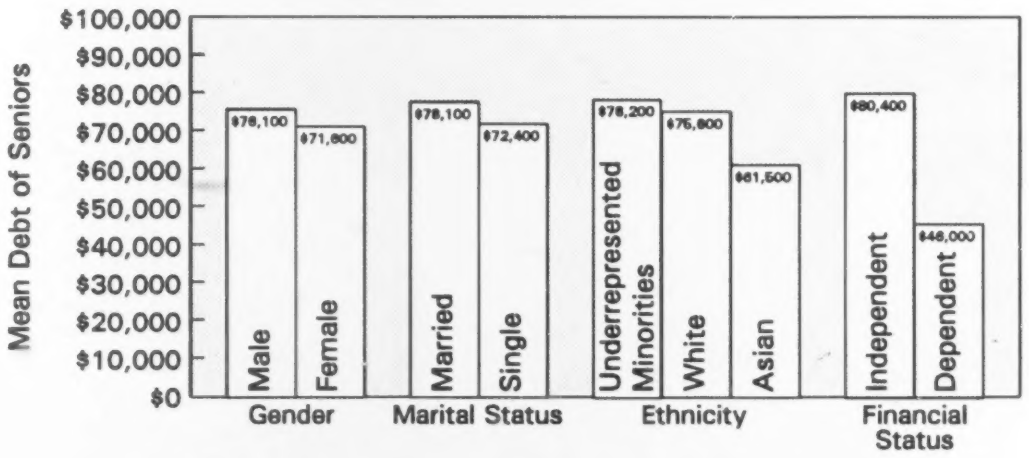
About 42 percent of seniors were married, and these students owed about 8 percent more than unmarried seniors in1991. Underrepresented minority seniors had the highest average debt at $78,200; Asian-American seniors had the lowest at $61,500, and White seniors were in between at $75,600 (Figure 1A).

For freshmen, the debt they expect to incur by graduation in 1994 appears to be affected by most of the same socio-economic factors that affect seniors (Figure 1B). Financial independence clearly has a huge impact on freshmen as well as seniors. Ethnicity and marital status also have similar, but not identical influences on debt expectations of freshmen.

Figure 1A

Debt and Demographic Factors: Seniors in 1990-1991

Being financially independent of parents increased debt by 75% for seniors in 1991.

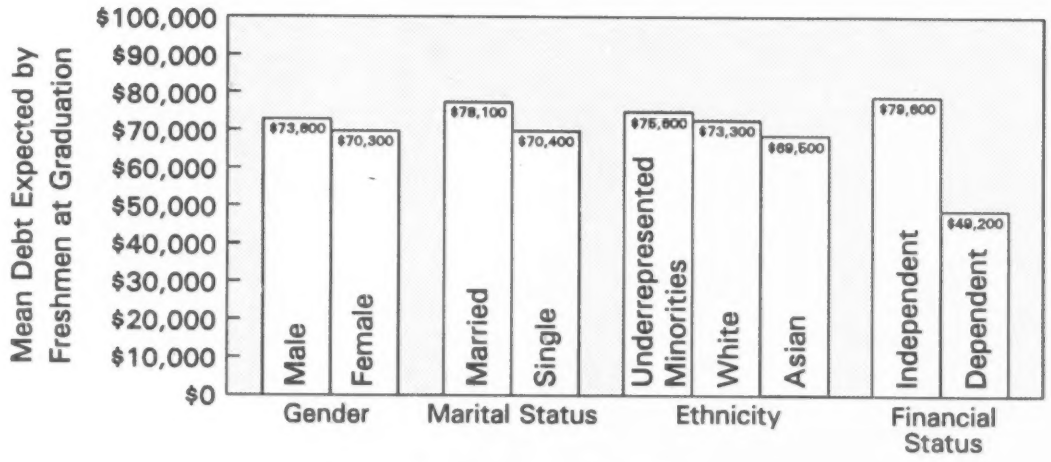


Note: Mean debt for all groups shown in this chart are significantly different at P=.05 except for gender.

Figure 1B

Debt and Demographic Factors: Freshmen in 1990-1991

Being financially independent of parents increased expected debt by 62% for 1990 freshmen.



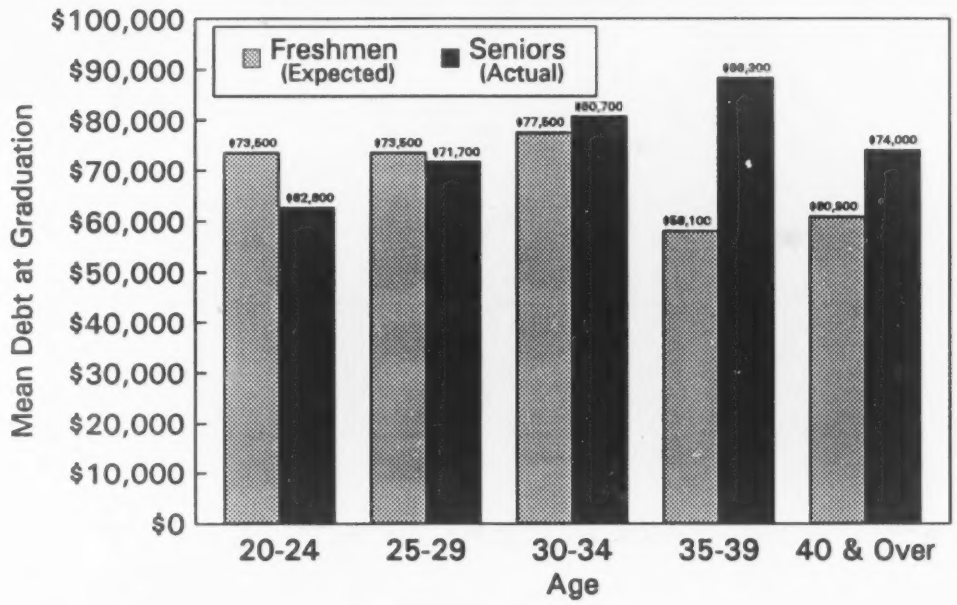
Note: For freshmen, financial status is the only factor in this chart for which the mean debts are statistically significantly different (P=.05).

Debt and Age of Student

Debt appears to increase with age of the student up to a certain point, and then begins to decline for older students (Figure 2). For seniors, debt rises steadily up to age 35-39 where it tops $88,000 before dropping to $74,000 for seniors over 40. For freshmen, expected debt tends to peak earlier, at age 30-34. The average senior in 1991 was 30 years old; the average freshman was 26.

Figure 2

Debt and Students' Age



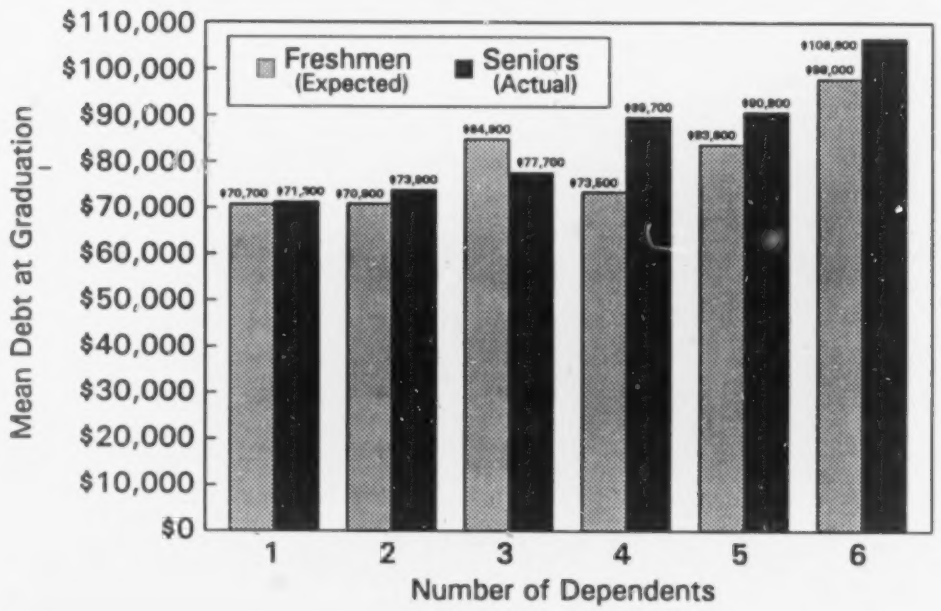
Mean debt increases with age of student, but decreases for older students.

Debt and Number of Dependents

Not surprisingly, students with more dependents accumulate more debt by graduation. This is true for seniors' actual debt as well as freshmen's expected debt at graduation (Figure 3). Of course, marital status and the number of dependents are closely related, so it is difficult to estimate their separate effects on indebtedness. Nevertheless, it appears that each dependent added almost $7,400 to a senior's debt burden in 1991, all else being equal. In 1991, seniors had an average of almost two dependents (including themselves), and freshmen had an average of 1.5.

Figure 3

Debt and Dependents



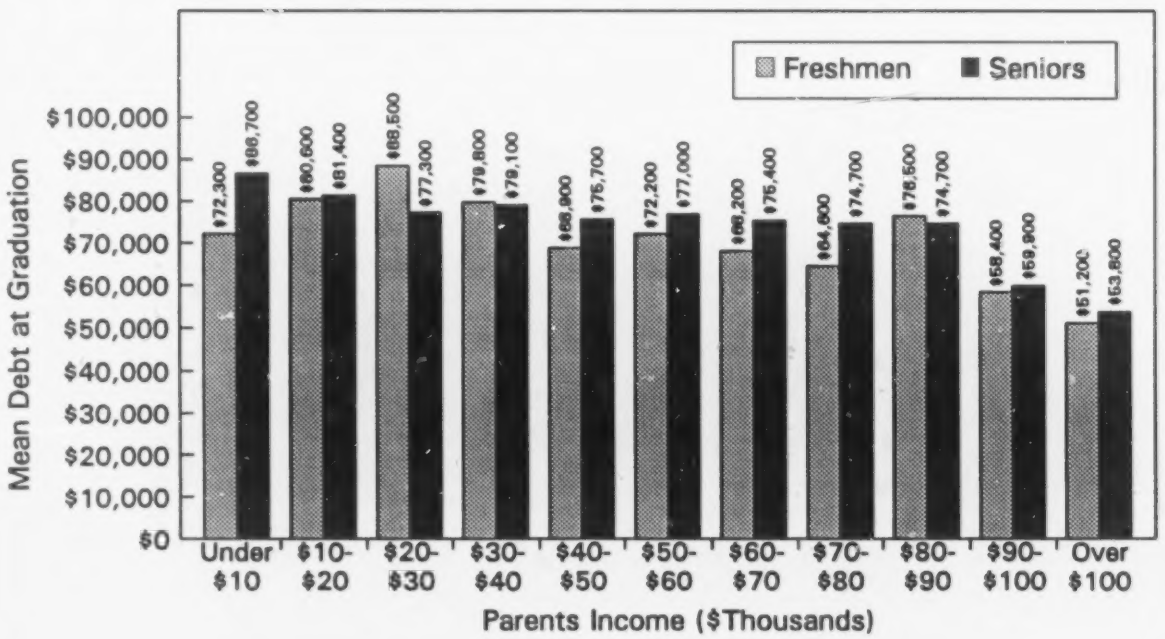
Students with more dependents clearly have higher levels of debt.

Debt and Parental Income

Parental support also is an important factor in reducing the debt burden of osteopathic medical students. Students from more affluent families have substantially less debt at graduation than those from families with more modest means (Figure 4). Seniors whose parents earned more than $100,000 owed an average $53,800 compared to $77,300 owed by those whose parents earned between $20,000 and $30,000 per year. It is estimated that each additional $10,000 of parental income reduced the debt of seniors in 1991 by about $1,900. The average parental income reported by both seniors and freshmen was between $40,000 and $50,000 in 1991, while 35 percent reported parental income of less than $30,000.

Figure 4

Debt and Parents Income



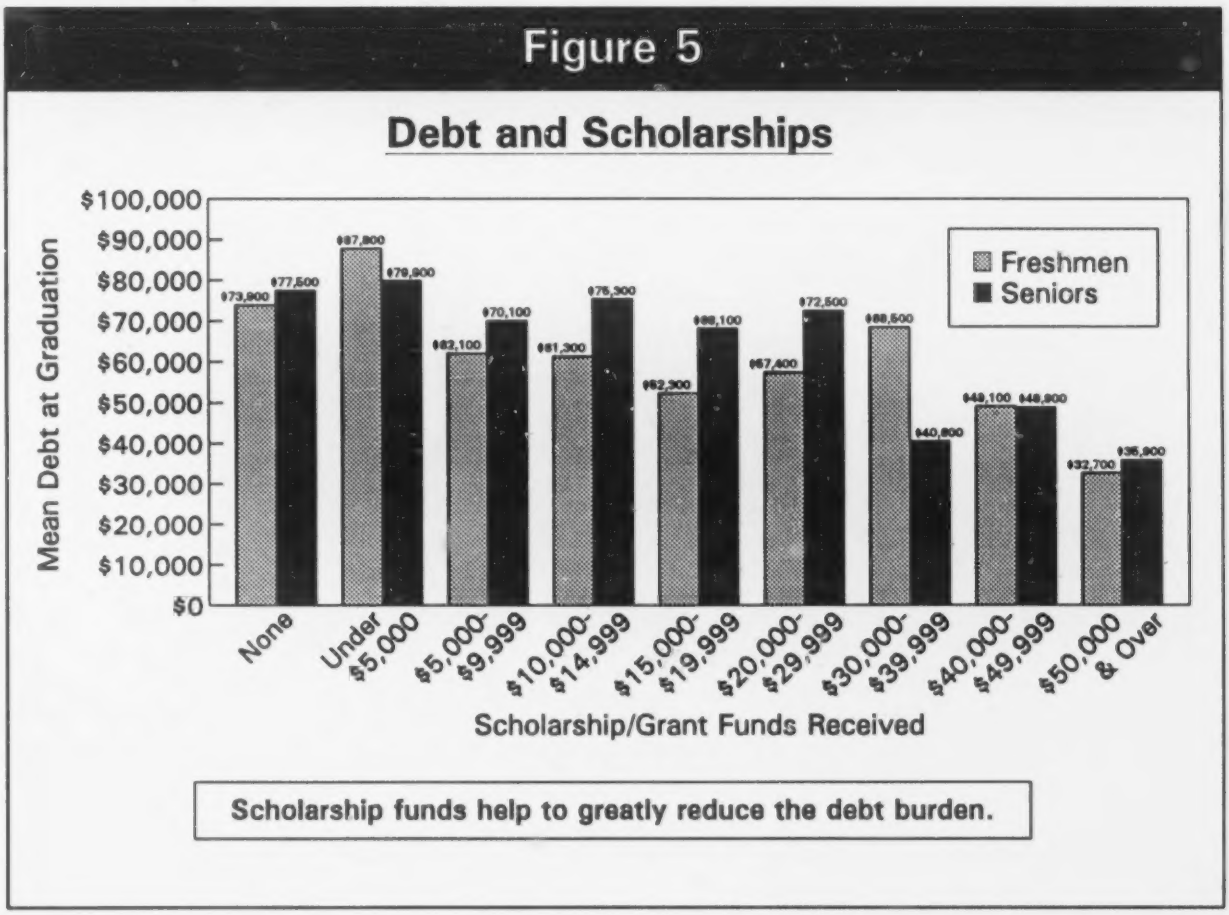
Students from more affluent families incur less debt.

Debt and Scholarships

One of the most powerful factors in reducing the debt burden of students is the receipt of a scholarship (Figure 5). For every $1,000 in scholarships, the debt owed by seniors decreased by about $730. Seniors who received more than $50,000 in scholarships owed less than half the amount owed by those who received no scholarship funds, but only 3 percent of seniors received such large scholarships.

The total amount of scholarship funds received by the typical senior for his or her osteopathic medical education was just over $5,500. One-third of the seniors and about one-fifth of the freshmen received some scholarship money, with the main source in both cases being the school or parent university.

Figure 5



Scholarship funds help to greatly reduce the debt burden.

Type of Loan

Two federally insured loan programs — Stafford Loans, which were formerly called Guaranteed Student Loans (GSL), and Health Education Assistance Loans (HEAL) — account for the lion's share of personal loans taken out by osteopathic medical students. About 90 percent of seniors in 1991 borrowed under the GSL program (Figure 6). For those with GSL loans, the average outstanding balance reported was almost $28,000. Almost two-thirds of seniors had HEAL loans, with an average reported loan balance of almost $43,000.

A large number of students also took advantage of two recent federal programs called Supplemental Loans for Students (SLS) and PLUS loans for parents of students. Both of these programs have annual borrowing limits of $4,000, to a total outstanding of $20,000 each. About 69 percent of seniors and 68 percent of freshmen borrowed under these programs in 1990-91. The average amounts borrowed by seniors under these and other programs are as follows: SLS/PLUS ($11,400), Perkins ($4,100), HPSL ($6,000), state-insured ($8,900), other non-family sources ($4,700), and other personal loans ($15,800) (Figure 7).

Figure 6

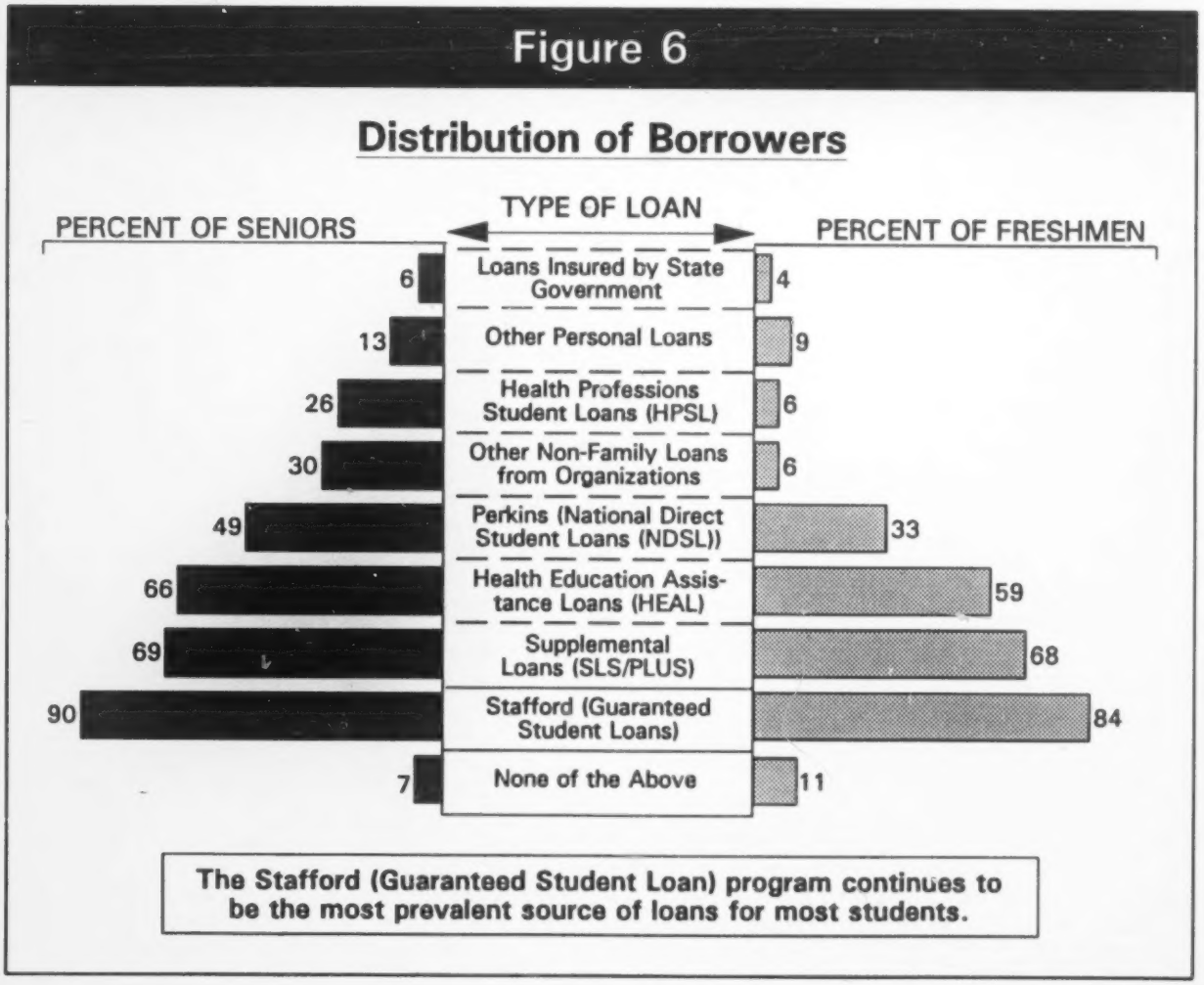
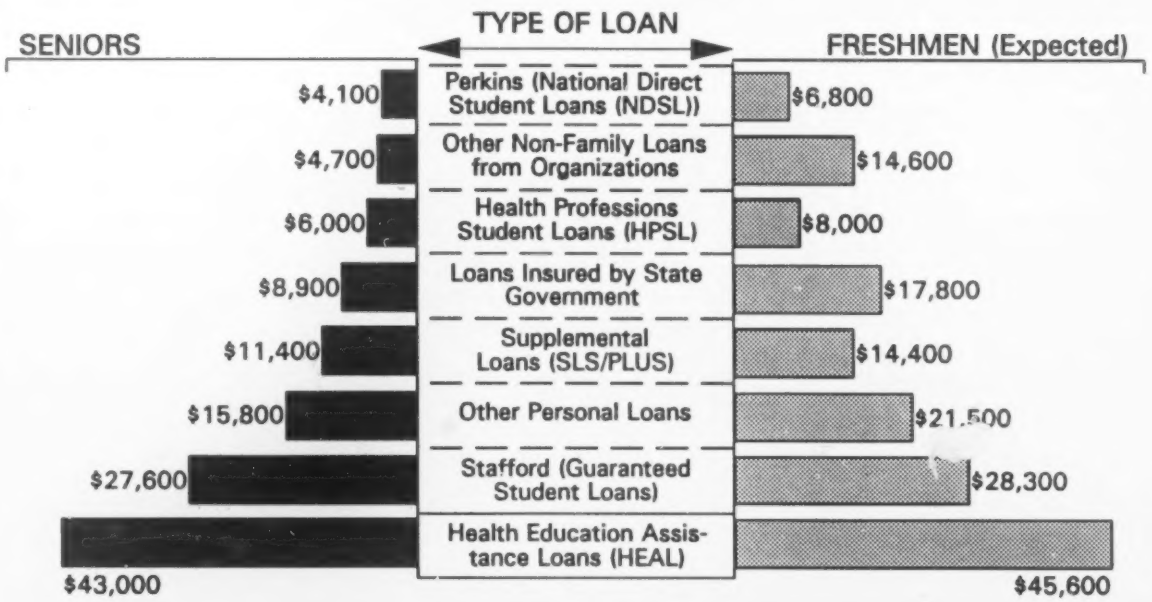


Figure 7

Average Loan Amount*



The HEAL and Stafford programs provide the largest average loan amounts.

* This chart shows the average loan amount for those who borrowed (or expect to borrow) from each source.

Loan Repayment

Seniors expect that it will take them an average of 12 years to repay their loans, and almost all plan to do so out of their earnings as practicing physicians. For those fortunate ones with debts under $20,000, the expected repayment period is only about four to five years. But those with debts over $100,000 expect it will take them about 15 years to repay.

The majority of students with debts below $60,000 do not intend to participate in a loan consolidation program, but the majority of those with debts over $60,000 plan to do so.

Financial Counseling

By a margin of about 60/40, both seniors and freshmen seemed satisfied with the amount of counseling they received from the schools concerning financial matters. Most students said they had received information about sources of financial aid and the amount of loans, but less than 30 percent reported that they received information about loan refinancing and tax considerations regarding interest paid.

The students seemed most knowledgeable about the interest rates on their loans and the lender, and least knowledgeable about eligibility for loan consolidation and the consequences of deferred interest payments.

II. Career Plans

Plans for Graduate Training

Immediately after completing the mandatory osteopathic internship during their first postgraduate year, 72 percent of the seniors reported they planned to enter a residency program. Half of those planned to pursue further education in an osteopathic residency and half in an allopathic residency or other degree program.

Another 16 percent of the seniors planned to go directly into practice after the internship. The remaining 12 percent planned to enter the military, government service, or were undecided (Figure 8A).

Only 14 percent of seniors said debt was a major factor in determining their immediate postgraduate plans, and in those cases, the direction in which a heavy debt load tended to push them is not very clear. Some who planned to go immediately into practice would have preferred to continue in a residency program, while others who planned to continue in a residency program would have preferred to go directly into practice. Apparently, debt affects a student's decision in different ways depending on the individual circumstances.

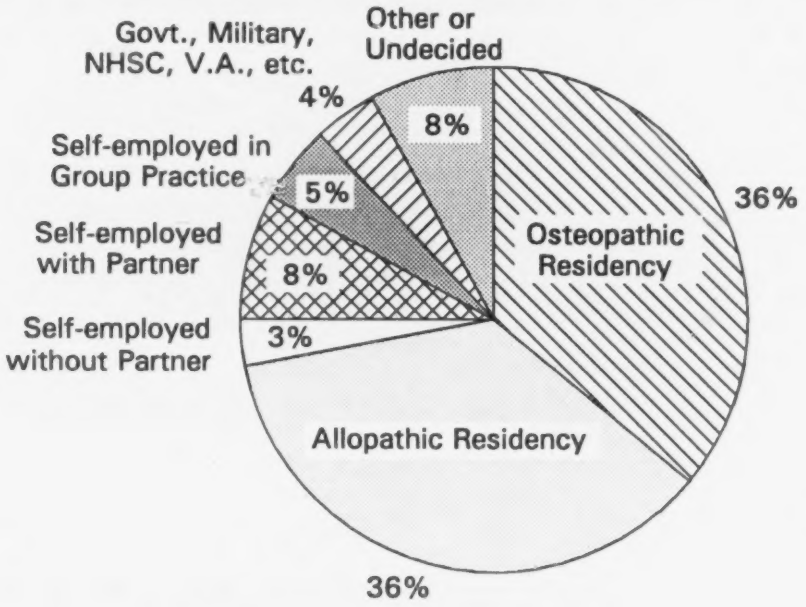
One interesting note: About one-third of those who said debt was a major factor in their immediate postgraduate plans, elected to pursue an allopathic residency or other degree program. Of this group, about 25 percent would have preferred to take an osteopathic residency program, but if debt prevented them from selecting an osteopathic residency, it is not clear why. AACOM's survey next year will probe this question.

In the long term, seniors' most popular career choice is to be self-employed with a partner (36 percent). A group practice was also cited frequently — by 23 percent of the seniors (Figure 8B).

Photo courtesy of Southeastern University of the Health Sciences College of Osteopathic Medicine

Figure 8(A and B)

A. Immediate Postgraduate Plans (After Internship)



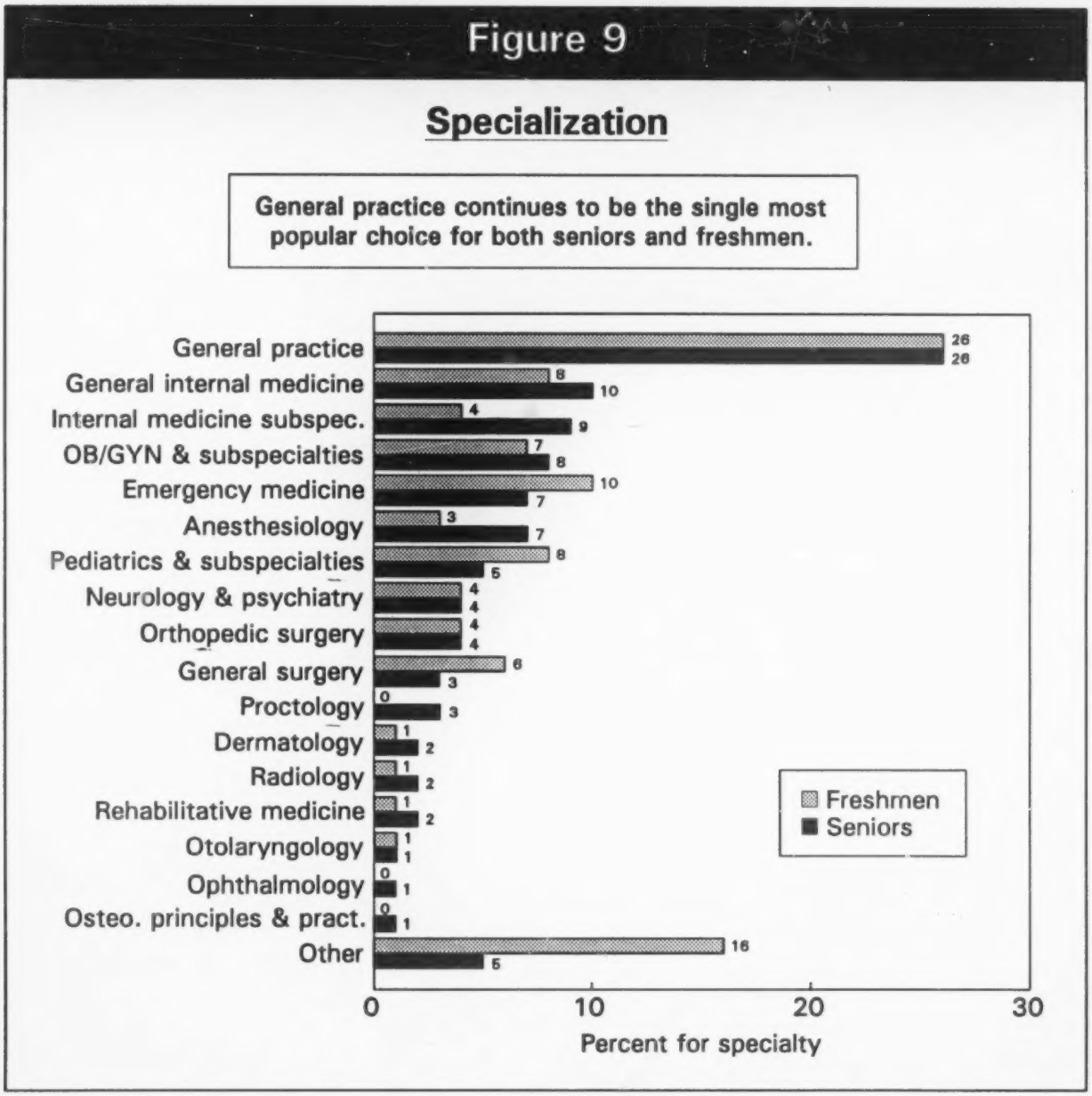
B. Long-Range Career Plans

Specialty Choices

Just like last year, 41 percent of seniors said they intended to practice in one of the primary care specialties — family practice, general internal medicine, or pediatrics. A slightly higher percent of the freshmen (42 percent) anticipate careers in primary care (Figure 9). Emergency medicine, internal medicine and its subspecialties, obstetrics/gynecology, and anesthesiology also were popular choices for both seniors and freshmen.

Many seniors plan to seek board certification in their chosen specialty. More than 90 percent of seniors planning careers in the fields of orthopedic surgery, radiology, general surgery, anesthesiology, and the subspecialties of internal medicine, plan to be certified. Other fields had somewhat lower percentages in this survey.

Figure 9



During the 1980s, the popularity of primary care specialties among osteopathic medical students rose and then fell, but in the past three years, that figure has stabilized at just over 40 percent (Figure 10).

Under the new Medicare Fee Schedule for physicians, which becomes effective in 1992, the government will increase Medicare reimbursement rates for primary care and decrease them for certain procedural specialties, such as surgery and radiology. Among other things, this boost in income is likely to help increase the number of students choosing careers in primary care in future years.

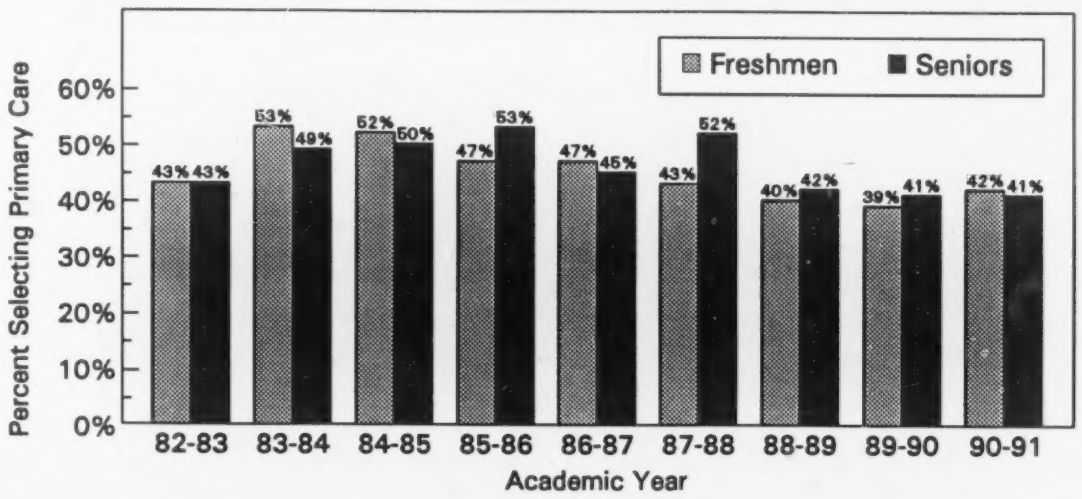
Both seniors and freshmen in 1990-91 who planned a career in primary care specialties have several characteristics that distinguish them from those planning non-primary care specialties. Women chose primary care more often than men did; underrepresented minorities chose primary care more often than other ethnic groups; financially independent students and those with several dependents of their own chose primary care more often.

Students choosing primary care specialties expect to earn substantially less income than those who plan non-primary care specialties, and 40 percent of those choosing primary care plan to locate in small cities and towns of fewer than 50,000 people (see Table 2 on page 17).

The debt accumulated by students who selected primary care specialties was not significantly different from those who selected non-primary care.

Figure 10

Trends in Primary Care as Career Choice, 1983-91



The popularity of primary care specialties among osteopathic students has stabilized at just over 40% in the last three years.

Table 2
Characteristics of Students Choosing Primary or Non-primary Care Specialties, 1990-1991

	Plans for Specialty					
	Seniors			Freshmen		
	Primary Care	Non-primary Care	Total	Primary Care	Non-primary Care	Total
Gender						
Women	47%	53%	100%	45%	55%	100%
Men	38%	62%	100%	40%	61%	100%
Marital Status						
Married Students	45%	55%	100%	47%	53%	100%
Unmarried Students	38%	62%	100%	40%	59%	100%
Number of Dependents						
3 or Less	40%	60%	100%	41%	59%	100%
More than 3	52%	48%	100%	68%	32%	100%
Ethnicity*						
White	42%	58%	100%	42%	58%	100%
Asian	25%	75%	100%	48%	52%	100%
Underrepresented Minorites	45%	55%	100%	42%	58%	100%
Financial Independence						
Independent	43%	57%	100%	45%	55%	100%
Dependent	30%	70%	100%	35%	65%	100%
Average Debt at Graduation**	$76,800	$73,000		$72,000	$72,300	
Average Annual Income Expected in 10 Years	$133,000	$186,000	$165,300	$111,000	$177,000	$147,000
Planned Location						
Small City or Town (<50,000)	64%	36%	100%	68%	32%	100%
Large City (>50,000)	33%	67%	100%	32%	68%	100%

* For freshmen, there is no significant difference among the ethnic groups in terms of the percent choosing primary care specialties. The differences are significant for seniors.

** The average debt for those choosing primary care is not significantly different from those choosing non-primary care. This is true for both seniors and freshmen.

Source: AACOM, 1991 Survey of Student Indebtedness and Plans.

Income Expectations

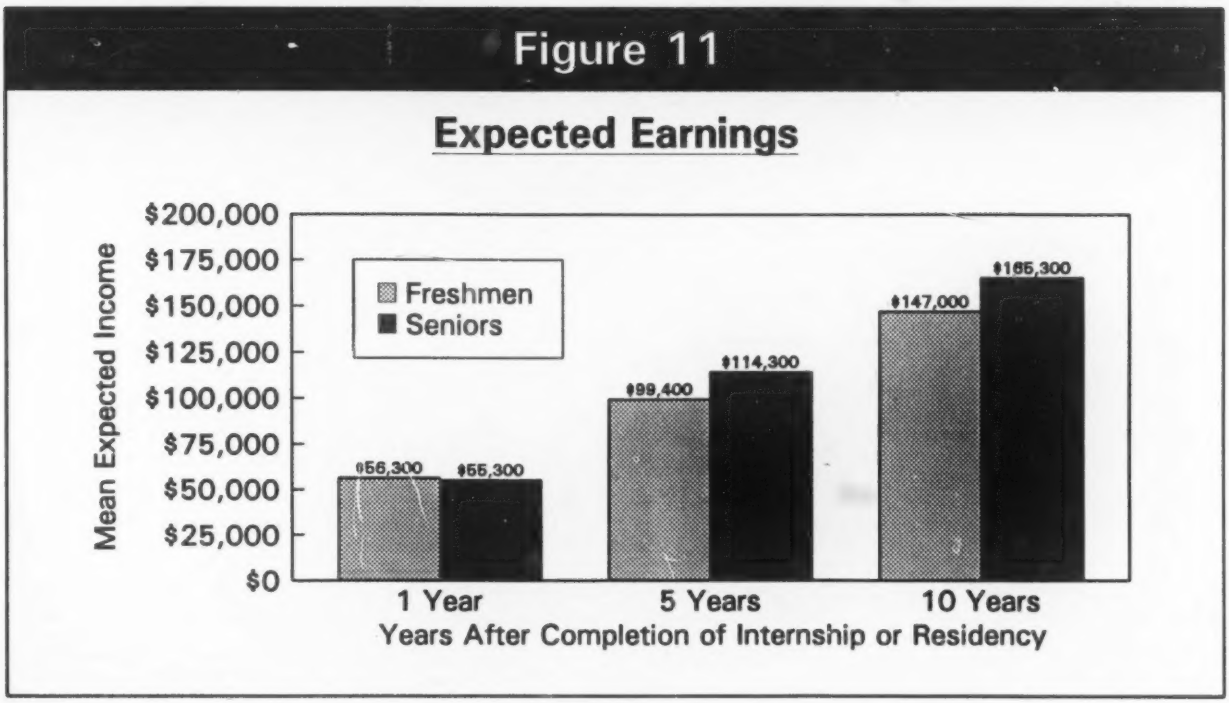
Both freshmen and seniors expected their incomes to rise rapidly once they completed their graduate training and entered practice (Figure 11). In their first year of practice, students expected to earn somewhat less than $60,000 (net, before taxes). But income expectations quickly increased — seniors expected to earn about $114,000 per year after 5 years in practice, and more than $165,000 after 10 years. Freshmen had somewhat lower expectations.

Of course, income expectations are associated closely with specialty choice. Those who planned a career in primary care had substantially lower income expectations than others. Seniors in 1991 who planned to practice in primary care specialties expected income averaging about $133,000 after 10 years in practice, while those who planned careers in non-primary care expected to earn almost $186,000 after a decade.

Are students being lured away from primary care specialties because of the income disparity between careers in primary and non-primary care? No conclusive answer has emerged as yet, but clearly there is a wide differential in expected income between those planning primary care careers and those planning to specialize in other fields. This is in contrast to indebtedness, which is about the same for both groups (see Table 2). The extent to which this income differential is a motivating factor in career choice decisions remains to be determined.

AACOM will conduct a special survey next year designed to collect data from the seniors, anonymously, on factors that influenced their choice of specialty. The purpose here is to seek total candor by removing any inhibiting effects associated with the traditionally required identification.

Figure 11

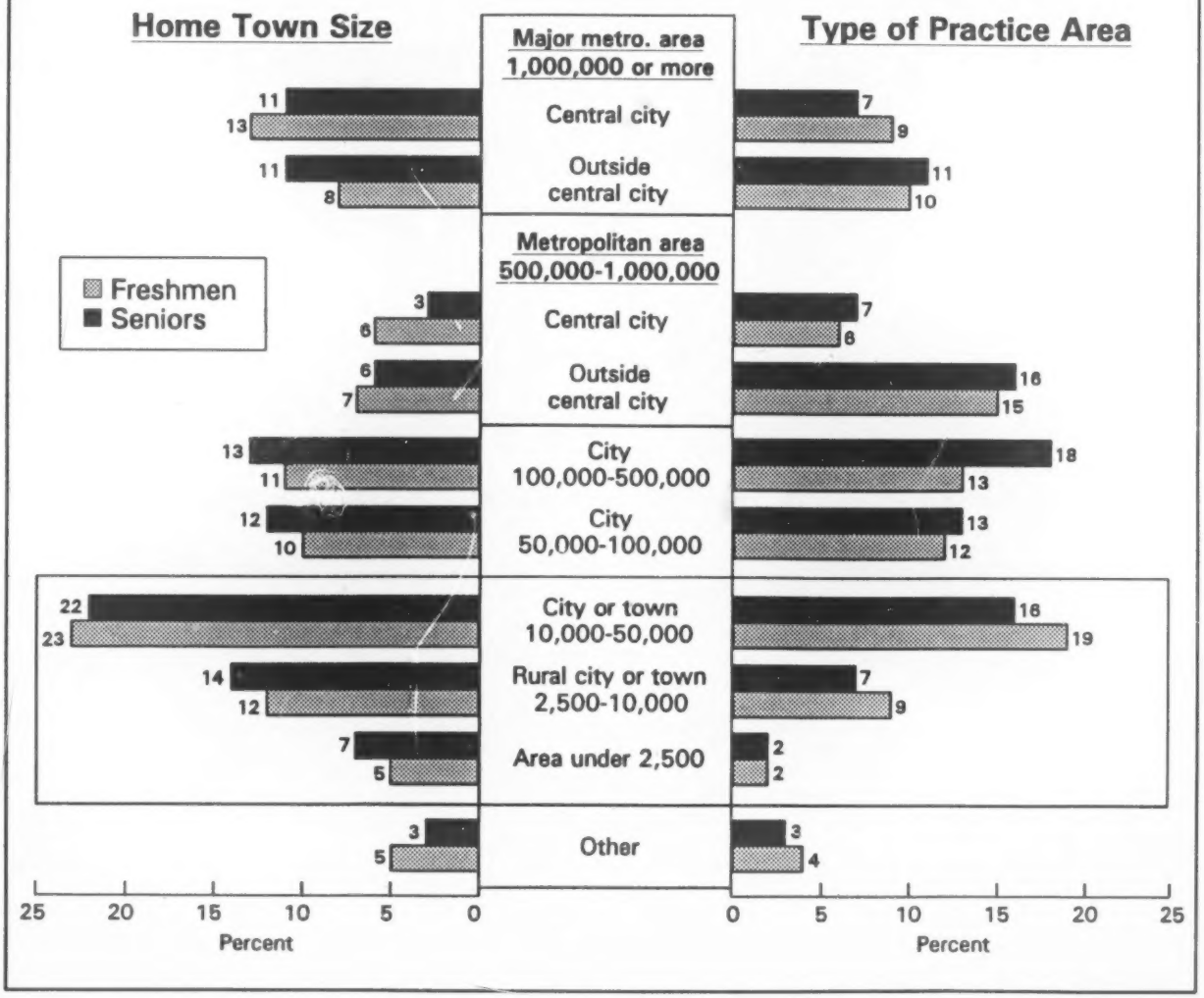


Planned Location

Graduates of osteopathic medical schools traditionally have tended to establish their practices in rural areas, small towns, and inner cities of major metropolitan areas, rather than in suburbia or outside the center of large cities. The class of 1991 continues this tradition. One-quarter of seniors graduating in 1991 plan to practice in cities or towns of fewer than 50,000 people, and another 14 percent plan to practice in central cities of metropolitan areas (Figure 12). And, as shown earlier in Table 2, almost two-thirds of those seniors planning to locate in small towns of less than 50,000 people intend to practice primary care medicine.

Figure 12

About 40% of osteopathic medical students come from towns or small cities of fewer than 50,000 people, and more than 40% of those seniors plan to practice in such towns or small cities.



A good portion of osteopathic medical students in 1991 came from small cities or towns, and many plan to practice in similar locations. More than 40 percent of seniors from home towns with fewer than 50,000 people planned to establish practice in an area of similar size. Only 12 percent of seniors from larger cities (greater than 50,000) planned to practice in small towns.

So the size of the home town is a fairly good predictor of the type of area in which future D.O.s will establish their practices. Proximity to the home town was the second most important reason given by students for choosing a practice location. The most important reason given by both seniors and freshmen was "personal preference for the location".

Texas, Pennsylvania, New York, Ohio, and California were the states most frequently selected by seniors for their planned location. Freshmen chose — in order of preference — locations in New York, California, Texas, Pennsylvania, and New Jersey.

Photo Courtesy of University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery

III. The Survey

This 10th annual AACOM study of student debts and career plans at the 15 colleges of osteopathic medicine was prepared with the cooperation of school administrators and faculty. It focuses mainly on the financial and indebtedness situation of these students, but also provides data on their background, career aspirations and plans.

The survey was based on random samplings of freshmen and a majority of seniors in each osteopathic medical school during the 1990-91 school year. From a class of 1,950 freshmen, 439 reports were reviewed and tabulated, representing 22.5 percent of the freshmen. The target was 25 percent. A larger sample of the 1,561 seniors was requested and received. Questionnaires were tabulated for 975 seniors, for a 63 percent response rate. No attempt has been made to adjust the data for non-response.

This survey is designed primarily to gather information about the educational debt of freshmen and seniors. For freshmen, the debt data reported here represent the amount estimated to be incurred by the time of graduation. It is, therefore, only a rough estimate of the debt burden they will have upon graduation. For seniors, the data reported here reflect a more accurate estimate of debt at graduation. The data refer to debts incurred to finance the students' undergraduate college and osteopathic medical education. Consumer debt for cars, clothes, and other personal items is not included.

An attempt has been made to keep the data and format of this report consistent with prior reports. As was done in most previous reports, average debt figures presented here include those with no debt, unless otherwise noted in the text. For example, the average debt of all seniors in 1991 was an estimated $74,800, while the average of all seniors excluding those with no debt was estimated at $79,000.

When discussing scholarships and grants it is often desirable to know the amount per grant rather than the amount per student (which would include students with no grants). Again, the text clearly defines which denominator was used.

AACOM is grateful to the osteopathic medical schools, their staff, and students for the assistance they provided to make this survey possible. It was prepared by Allen M. Singer, Ph.D., Director of Information Services, with assistance from Lorrie Van Akkeren, AACOM's Statistical Assistant, who handled the data entry and prepared the tables and figures.

Photo courtesy of Chicago College of Osteopathic Medicine

III. Publications Available from AACOM

AACOM Organizational Guide — structure of the Association, names and addresses of members of its councils/sections/committees, and administrative staff and faculty in the 15 U.S. colleges of osteopathic medicine.

$10.00

Annual Statistical Report — compilation of annual trends about the colleges of osteopathic medicine. Presented in tables and charts with accompanying text, the statistical data relate to the characteristics of applicants and matriculants, faculty, curriculum, sources of grants and loans, and distribution of revenues and expenditures.

$13.00

Application Packet — application form for the centralized application service, procedures for applying, and materials describing each of the colleges and their fees.

No charge

College Information Booklet — brief description of each of the 15 osteopathic medical colleges, admissions criteria, minimum entrance requirements, supplementary application materials required, class size or enrollment, application deadlines, and tuition.

Single copies: $2.00
25 copies: $25.00
100 copies: $74.00

Debts and Career Plans of Osteopathic Medical Students — detailed survey that examines indebtedness of osteopathic medical students at the 15 osteopathic medical colleges. The characteristics and career plans of students are compared at their entrance to osteopathic medical school and just prior to their graduation.

$10.00

Education of the Osteopathic Physician — comprehensive book that provides information about the history and philosophy of the profession that is essential to the health professions' advisor and the prospective student of osteopathic medicine. Provides admissions criteria and brief overviews of the 15 osteopathic medical schools, information on the educational process (medical school through internship and residency), licensure, and practice options.

$9.00

Osteopathic Medical Education — single copies of this brochure presenting an overview of the profession are free.

50 copies: $8.50
100 copies: $15.00

Osteopathic Medical Education: A Handbook for Minority Applicants — provides summary accounts of the osteopathic profession, pathways to osteopathic education, and the educational and training programs of the osteopathic colleges.

Single copies: $3.00
25 copies: $52.50 100 copies: $180.00

Selected Sources of Financial Aid for Osteopathic Medical Students — brief overview of the range of financial aid sources available to osteopathic medical students and a source guide for people to contact regarding financial aid information.

Single copies: $7.00
25 copies: $140.00
50 copies: $210.00

Study on Competency-Based Objectives for Undergraduate Osteopathic Medical Education — minimum clinical competencies expected of a newly graduated osteopathic physician, component elements contributing to those competencies, and timetable for their introduction and/or completion. Competency objectives for medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice are identified.

$18.00